

ATTACHMENT E

**Home Health Petition
Received Regarding the Proposed 2005 State Medical Facilities Plan
TarHeel Home Healthcare/Capital Health Management Group**

Attached are:

1. Agency Report on the Petition
2. Home Health Petition from TarHeel Home Healthcare/Capital Health Management Group
3. Comments made at Charlotte Public Hearing

Note: Other comments received – Attachment Home Health 2

AGENCY REPORT:

Proposed 2005 Plan

- Notes related to **Home Health Petition** from TarHeel Home Healthcare/Capital Health Management Group, Inc. regarding Mecklenburg County
-

Request

Alan D. Campbell, Vice President and Chief Financial Officer, Capital Health Management Group (CHMG), Inc./TarHeel Home Healthcare, Charlotte, submitted a Petition to adjust the need determination, "... *to remove the recommendation for an additional Home Health Agency in the proposed 2005 SMFP for home health services in Mecklenburg County* ..."

Background Information

The home health need methodology projects future need based on trends in historical data, including the "Average Annual Rate of Change in Number of Home Health Patients" over the previous three years and the "Average Annual Rate of Change in Use Rates per 1000 Population" over the previous three years. Average annual rates of change are compiled based on "Council of Governments (COG)" regions.

Patient origin data used in the Proposed 2005 Plan is compiled from 2004 Home Health Agency Annual Data Supplements to License Applications as submitted to the Division of Facility Services. The data supplements request data for a twelve month period using a start date of either July, August, September or October. The methodology aggregates patient origin data by four age groups, 0-17, 18-64, 65-74 and over 75.

The methodology utilized in development of the State Medical Facilities Plan does not project future need based on the number of home health agencies in any given county or on the capacity of existing agencies. Rather, it projects need based on the number of patients served during the reporting years indicated in the plan. In essence, if existing agencies keep pace with the projected number of persons who may need home health services, there would not be a need determination. However, if they do not keep pace, there may be a need determination allowing an opportunity for a new home health agency or office.

The basic methodology utilized in the Proposed 2005 Plan was first used in the 1996 Plan. The first year a need determination was made based on the standard methodology was in the Proposed 2004 Plan. However, there was an adjusted determination of no need for additional home health agencies/offices in the 2004 Plan. The adjustment was made in light of the Task Force to study the home health need determination methodology.

A twelve member Task Force was formed and made recommendations to the State Health Coordinating Council. The Task Force included representation from the petitioner. The only change to the standard methodology recommended by the Task Force was to raise the deficit threshold for a need determination from 250 patients to 400 patients. This was a unanimous recommendation by the Task Force. The recommendation was accepted and incorporated into the methodology for the Proposed 2005 Plan. The threshold will be re-evaluated for the 2007 Plan.

If there was a need determination in the 2005 Plan, it is possible for existing home health agencies to apply for the CON to open a new agency or office in the County. For example, an agency in the southern portion of Mecklenburg County may wish to apply to open an office in the Northern part of the county to, possibly, enhance visibility and outreach for new patients.

It is noted that recent petitions submitted to remove need determinations from the Plan based on the standard methodology have been denied. Specifically, petitions filed by two hospice home care programs in 2001 to remove need determinations from the Draft 2002 Plan for hospice home care programs in their counties were denied. Also, a petition filed in 2002 to remove need determinations for nursing facility beds in the Draft 2003 Plan was denied.

Staff provided the petition for comment to the Association for Home and Hospice Care of North Carolina. Attached are comments received from the Association.

It is noted that comments supportive of the need determination in Mecklenburg County were received during the comment period on the Proposed 2005 Plan.

Analysis of Petition

The Proposed 2005 Plan indicates a projected deficit of 440 patients in Mecklenburg County. The 2004 Plan indicated a deficit of 176 patients. A deficit of 400 is needed to generate a need determination.

The petitioner provides patient utilization numbers for the period October 1, 2003 to June 30, 2004 indicating that they served 630 patients during this period. The petitioner also provides an annualized figure for the year through September 30, 2004. The petitioner states, "... taking into account the additional growth in the number of persons served in 2004 by THHH of Charlotte, increases the capacity of existing providers by 340 persons served to Mecklenburg County . . . reducing the deficit to 100. Therefore, there would be no need for an additional agency or office pursuant to "Step 14" of Standard Methodology of the SMFP, because the projected deficit would not be greater than or equal to 400 persons."

However, the 2005 Plan uses 2003 utilization data, not 2004 data. If the current methodology is not changed, the Proposed 2006 Plan will use utilization data for 2004 and several factors are subject to change in the home health formula; namely, total number of patients reported served by all home health agencies based on 2005 Data Supplements (while Tar Heel is reporting growth in patients others may report reductions), average annual rate of change in number of home health patients, average annual rate of change in use rates per 1000 population, and population estimates and projections.

Tar Heel states that adding an agency would lead to duplication of services and weaken current providers. However, Tar Heel has demonstrated that it can grow in the Mecklenburg market currently served by multiple providers. It is not clear that another agency would not be able to develop given Tar Heel's success.

Agency Recommendation

The Agency supports the need determination based on the standard methodology. Publication of the Proposed Plan provides an opportunity for utilization data to be reviewed and corrections to be made. Absent corrections of use data that result in changes in need determinations, the agency supports the need determinations based on the standard methodology.



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September 1, 2004

Mr. Floyd Cogley, Planner
Medical Facilities Planning Section
Division of Facility Services
2714 Mail Service Center
Raleigh, NC 27699

Dear Floyd:

Thank you for allowing the Association for Home and Hospice Care of North Carolina to comment on the Home Health and Hospice petitions. As you may be aware, AHHC is one of the oldest and now the largest Home Care and Hospice State Association in the United States.

Home Health

AHHC worked diligently to secure a Home Health Methodology Task Force which the SHCC ultimately approved. Last January, this newly formed task force, comprised of a wide variety of representatives, took a very comprehensive look at the Home Health Methodology which was in place for over a decade.

AHHC supported the final task force report that included a change in the need threshold from 250 to 400 patients before a CON would be available. The current SMFP indicated a need for only one new home health agency in North Carolina. Mecklenburg County's data ultimately showed an unmet need of 440 patients, well above the newly established and SHCC agreed upon 400.

Therefore, AHHC supports the current SMFP for Home Health and thus would oppose the one petition submitted by CHMG, Inc. AHHC recognizes that many existing home health agencies in Mecklenburg County, non-profit, hospital based or private (like THHH/CHMG), are probably well staffed and equipped to meet any increasing need in home health patients. However, this in AHHC's opinion, does not justify the need to reject SMFP methodology that is only a few months old.

Hospice

Petition #4 Pitt County Memorial Hospital - AHHC supports this petition, the strongest of the six presented. AHHC studied the data prepared by PCMH, discussions with physicians, staff and members of the organizing committee, and read the many letter of support given on behalf of

Page Two
Mr. Cogley
September 1, 2004

family members of hospital patients and citizens in general. AHHC endorses whole heartedly allowing the concept of bringing to Pitt County this hospice inpatient unit which will serve the citizens of eastern North Carolina and some twenty-five or more counties.

Petition 1 - AHHC has carefully reviewed the petition of Hospice of Cabarrus County. We have had discussions with local officials, reviewed the uniqueness of their situation, and concur there is no compelling need for a new hospice home care program. AHHC asks the SHCC to approve Petition Number 1 and therefore remove the hospice home care need from Cabarrus County.

Petitions 2,3,5 & 6 - AHHC has reviewed each of these petitions asking for a adjusted need determination for inpatient hospice beds. AHHC supports each of these petitions and would ask for your approval.

Thank you very much.

Cordially,



Tim Rogers
Executive Vice President - AHHC-NC
Member - NC Board of Pharmacy
Member - State Health Coordinating Council

**PETITION OF
TAR HEEL HOME HEALTH & CHMG, INC.**

*Petition for an Adjustment to the Proposed 2005 State Medical Facilities Plan ("SMFP")
Section Concerning Home Health Need Determination for Mecklenburg County, Chapter 12,
(pages 197 thru 246)*

Petitioner:

Alan D. Campbell
V.P. and Chief Financial Officer
CHMG, Inc/TarHeel Home Healthcare
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Phone: 704-357-3660; Fax: 704-357-1305

A
AUG 2004
Received
DFO Health
Planning

TarHeel Home Healthcare ("THHH")/ CHMG, Inc. respectfully submits this petition for adjustment of the need determination for a new home health agency in Mecklenburg County set forth in Tables 12C and 12D in the Proposed 2005 SMFP.

Background:

THHH, a wholly owned subsidiary of CHMG, Inc., provides home health services in Mecklenburg and surrounding counties through its home health provider # 34-7196 located at 5009 West W.T. Harris Blvd, Suite E, Charlotte, NC 28269. TarHeel Home Healthcare is a family of home health agencies with fourteen offices located throughout North Carolina. Last year TarHeel agencies provided 9,970 patients with a full range of services including skilled nursing, physical therapy, occupational therapy, speech therapy, medical social work and certified nursing assistance.

Statement of Requested Change:

THHH petitions the State Health Coordinating Council to remove the recommendation for an additional Home Health Agency in the proposed 2005 SMFP for home health services in Mecklenburg County because there is already sufficient capacity to serve the 2005-projected patient base.

Reasons for Requested Change:

The projected annual increase in Adjusted Potential Total Persons Served on Table 12C, pg 244 of the SMFP is insufficient when the growth rate in additional patients serviced by THHH of Charlotte is taken into account.

THHH of Charlotte, formerly Carriage Club Home Health, has grown significantly under new ownership. In its first year as TarHeel Home Health of Charlotte, the 2002 reporting year, the agency provided service to 198 patients. In 2003, 456 patients were seen by THHH of Charlotte representing an annual increase of approximately 240%. Subsequently, the agency served 630 patients from October 1, 2003 to June 30, 2004 which, when annualized through September 30, 2004, projects out to an approximate 840 patients. Servicing 840 patients in 2004 will result in a 184% increase over prior year.

The proposed 2005 SMFP annual growth rate in Adjusted Potential Total Persons Served (Table 12C, pg 244) is approximately 9.6%, equating to approximately 946 additional Potential Total Persons Served in 2004. (See Table 1)

TABLE 1					
Age of Patient	Patients 2003	Anticipated Persons Served			Projected 2006
		2004	2005	2006	
0-17	712	848	1,010	1,203	1,219
18-64	3,304	3,889	4,577	5,386	5,638
65-74	1,814	1,885	1,958	2,032	2,171
75+	3,997	4,151	4,312	4,476	4,509
Total	9,827	10,773	11,857	13,097	13,537
Annual Growth		946	1,084	1,240	
Growth %		9.6%	10.1%	10.5%	

The growth in the number of persons served in 2004 is considerably higher than the 9.6% increase used in the SMFP calculations. At a 9.6% increase, THHH of Charlotte is only assumed to serve 44 more patients than the 456 served in 2003 or a total of 500 persons served for 2004. As mentioned above, they have already serviced 630 patients through June 30, 2004 and at that run rate they should see 840 by September 30, 2004. This difference of 340 persons served would be more than sufficient to eliminate any need calculated for additional providers.

As shown, just taking into account the additional growth in the number of persons served in 2004 by THHH of Charlotte, increases the capacity of existing providers by 340 persons served to Mecklenburg County in table 12C (page 258 of SMFP) reducing the deficit to 100. Therefore, there would be no need for an additional agency or office pursuant to "Step 14" of Standard Methodology of the SMFP, because the projected deficit would not be greater than or equal to a deficit of 400 persons.

Adverse Impacts on Patient Population and Alternatives Considered:

Adding an additional agency or office to Mecklenburg County where it is not needed would cause greater competition for limited care giving staff resulting in reduced continuity of care to the existing patients. When caregivers leave one agency to join another, the patient suffers because of transition issues from one caregiver to another.

Avoidance of Unnecessary Health Service Duplication:

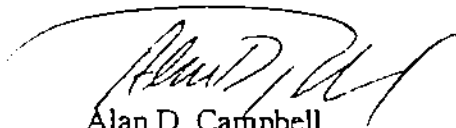
As demonstrated in the preceding paragraphs, including the additional capacity of the TarHeel Home Healthcare agency in the need determination calculations would result in insufficient numbers of unmet need to justify opening an additional agency or office in Mecklenburg County. Thus, opening an additional agency or office would lead to duplication of services provided by existing home health agencies. Such duplication would only weaken current providers, increase the demand and cost of care giving staff, and result in less efficient operations overall. The requested adjustment serves the purpose of avoiding unnecessary duplication of health services as well as the added administrative expenses of a new agency.

Summary:

The petitioner has demonstrated, pursuant to current SMFP capacity norms, that there is no need for an additional home health agency or office in Mecklenburg County since there is sufficient capacity within the number of existing home health agencies to service the projected number of patients determined in the SMFP through 2005. For these reasons, adding a new agency or office would result in duplication of services and reduce the efficiency and effectiveness of existing providers in the county.

Thank you for your thorough consideration of this request and please feel free to contact me at (704)357-3660 for any additional information

Respectfully submitted,



Alan D. Campbell
V.P. and CFO

Charlotte Public Hearing
July 21, 2004

Boyd Russell, Capital Health Management Group

I'm Boyd Russell, Vice President of CHMG, the owner of Tarheel Home Health in North Carolina. We currently have a CON in Mecklenburg County and we obviously oppose the new methodology, not the methodology, but the need for a new Certificate of Need for a Home Health Agency in Mecklenburg County. As the lady mentioned before, it takes a while to get up and running in a Medicare Certified office. We recently, about a year and a half ago, acquired this, (the Home Health Agency) so we are in the process of growing our agency. We feel that looking at the new numbers, as we grow our business, we will exceed the need numbers that you developed for Mecklenburg County within our own Agency. So we feel like at the end of this year there will not be a need if you look at the numbers we have done for 2003 and current for 2004. We will present a detail plan of this before the hearings are over, probably in Raleigh, and make other comments at that time. But, I do want it to go on record as opposing the new home care Certificate of Need in Mecklenburg County.

**Other Home Health Comments
Received Regarding the Proposed 2005 State Medical Facilities Plan**

Comments received from:

- 1. Bayada Nurses supporting the need determination for a new Home Health Agency in Mecklenburg County**
- 2. Total Care, Inc. supporting the home health methodology and the need determination for Mecklenburg County**
- 3. Compassionate Home Care, Inc. providing information about Compassionate Home Care and the effect a Certificate of Need would have on the agency.**

REC'D AT
CHARLOTTE PUBLIC
HEARING 7-21-4
MELINDA PHILLI

RE: Proposed 2005 State Medical Facilities Plan
In Favor of New CON for Mecklenburg County - Home Health
Presented by: Bayada Nurses

Bayada Nurses is a National Home Care company with more than 120 offices in 16 states. We are Joint Commission Accredited and we strive to be a leader in the home health care industry. We are currently Medicare certified in 8 states and our company has a comprehensive Medicare program with a strong support office that specializes in Medicare referrals. In and around the Charlotte Metropolitan area, we have a strong group of offices providing skilled and personal care services. We specialize in high-tech work, including patients with tracheotomies and ventilators, and serve adult and pediatric clients. We are recognized as an industry leader and are called frequently to provide visits to insurance, private pay, and often, Medicare clients. The Medicare clients must be referred to another agency. This often takes several phone calls to locate an agency willing to accept the referral, especially on Friday afternoons. Therefore, we have a strong interest in providing Medicare services in NC.

The original proposed State Medical Facilities Plan for 2004 included the opening of two Certificates of Need- one in Mecklenburg County and one in Guildford County. We were excited to see this, then on September 24, 2003, the State Health Coordinating Council decided to remove the potential CON's for the 2004 plan. We felt this was a devastating blow to Medicare eligible citizens of both counties for several reasons:

1. Our patients deserve the best care provided to them that is available. Currently, if one of our patients should require Medicare Home Health Services, we would have to refer them to another agency for these services. Since we are one of the largest agencies in Charlotte, serving over 600 patients in the Charlotte Metro area at this time, this happens frequently. With many of our clients being elderly, this is very hard on them. They like continuity of care. They become comfortable with the aide or nurse that is currently in their home. Referring out the Medicare service requires for them to adjust to a new face. This can be confusing and frightening for many of these patients who suffer from illnesses such as Alzheimer's and Dementia. A new CON for Mecklenburg, if secured by our agency, would allow us to provide a complete continuum of care to our large population of clients.
2. The continuum of care would allow us to provide a more detailed, accurate level of care to our patients. Our Healthcare professionals would be able to more easily and specifically identify the needs of these patients based on our history with them. We would already have the working relationship with the patient's physician in place. This would allow the

entire health care team to provide the necessary treatments to our medically fragile citizens.

3. As the population of Medicare eligible citizens grow across NC, we must be open-minded to the idea that new CONs will need to be granted out of necessity. According to the UNC Institute on Aging, from 1990 to 2000, the 65 and older population grew 21.1%. Between 2000 and 2025, the 65 and older population is projected to increase from 12% of the total population to 21.4%. NC ranked 12th among states in the growth rate of the 65 and older population and 11th among states in the growth rate of persons 85 and older, sustaining of 50.7% increase between 1990 and 2000. It should be expected, with these type of figures, that new CONs will need to issued. It also makes sense that the larger metropolitan areas, especially the Charlotte Metro area- one of the fastest growing areas in NC, would be first considered.
4. These type of figures most likely contributed to the decision of the Board of County Commissioners in Mecklenburg county in 2002 to direct the Human Service Council and DSS to prepare a report on the status of seniors in Mecklenburg County. In May of 2003, the report was presented to commissioners. In that report, almost half of Mecklenburg population of seniors can be classified as "frail" or "at-risk". The reports also quotes the UNC Charlotte Urban Institute Annual Survey that found approximately 39% of caregivers reported having problems finding needed services. According to the Status of Seniors report, "These positive aspects of services, and the continuing struggle to meet the current needs, clearly point to the need for more thoughtful and better coordinated service delivery." The report concludes, "By the time the youngest baby boomers retire in about 2030 there will be virtually the same number of older adults as there will be children between the ages of 0-17. That is a sobering thought that ALL types of services must begin preparing now."

That brings us to our final thought. Medicare agencies aren't started overnight. The services can't be provided the day after a Certificate of Need is awarded. Therefore, it is essential that a CON be approved for Mecklenburg County as soon as possible. Let's be as diligent as the Commissioners in Mecklenburg about preparing for our counties aging population. We ask that you please don't let this opportunity pass you by. YOU can make a difference in many lives by approving a new CON for Mecklenburg County.

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QUICK FACTS ABOUT AGING IN NC

General Demographics

The number of persons aged 65+ in NC increased 21.1% between 1990 and 2000. (A)

The population of persons aged 65+ in NC is projected to increase from 12.0% of the total population in 2000 to 21.4% in 2025. (A)

NC's elderly population (65+) is projected to more than double from 2000 to 2030, from 969,000 to 2.2 million. The very old population (85+) is projected to increase over 150%, from 105,000 in 2000 to 268,000 in 2030. (A)

NC ranked 12th among states in the growth rate of the 65+ population from 1990-2000. (C)

NC ranks 11th among states in population of persons 85 and over, and 11th in the rate of growth for this group, sustaining a 50.7% increase between 1990 and 2000. (C)

The median age in NC increased from 26.5 years in 1970 to 35.3 years in 2000. By 2030, it is projected to be 38.4 years. (D)

Migration

Among the 8 southeastern states, NC was second only to Florida for net in-migration of people aged 65+ (21,000 between 1995 and 2000). Nearly 65% of these in-migrants were in the 65-74 age group. (V)

NC has the 6th highest net migration rate of the 65+ population in the U.S. (V)

Socioeconomic Factors

13.9% of people aged 65+ in NC were employed in the labor force in 2000 (U).

The percentage of NC adults 65+ in poverty decreased at twice the national rate between 1989 and 1999, to 13.2%. (E,F).

15% of NC householders aged 65 to 74 have incomes of less than \$10,000. For those aged 75+, the figure is nearly 25%. (G)

Slightly over 5% of the 65+ population in NC are speakers of languages other than English. About 1/3 of that group speak Spanish. (G)

Nearly 57% of older adults in NC did not complete high school. (R)
Alternative number : 41.4% of adults aged 65+ did not have a high school degree in 2000 (U).

About 47% of older adults in NC live in rural areas. (R)

Race & Gender

The median age of all minorities in North Carolina is projected to increase at a greater rate than for the general population, from 30.85 years in 2002 to 34.91 years in 2030. (H)

Among elderly NC householders with families, males outnumber females nearly 4 to 1. Female householders living alone outnumber male householders living alone by about 3.5 to 1. (G)

About 17% of the over-65 population in NC are minorities. (R)

North Carolina has a significantly higher percentage of black elderly (16%) than the overall U.S. (8%). In contrast, North Carolina has a much lower percentage of Hispanic elderly (0.6%) than the overall U.S. (5%). (P)

White females in NC have the longest life expectancy at age 65 (19.13 years in 2000), while non-white males have the shortest (14.09 years in 2000). (O)

Older women significantly outnumber older men; they represent 61% of the 65+ population and 74% of the 85+ population in NC. (R)

Health & Health Care

Approximately 47% of older North Carolinians had no coverage for prescription drugs in 1995. (Q)

45.7% of NC adults aged 65 and over have a disability. (E)

The incidence of all types of cases of Alzheimer's Disease (mild, moderate and severe) in NC is projected to increase by 64.2% from 2000 to 2020. (J)

Less than 25% of NC hospitals reported having a hospice program in 2000, and the median length of stay in hospice for NC residents in 2001 was only 32 days, less than half of the 60 days considered ideal. (N)

There are 207 geriatricians (includes family practice, internal medicine, and psychiatry) in North Carolina. This represents 20 geriatricians per 100,000 population over 65+ (as compared to 26 for the U.S.). (W)

Long Term Care

North Carolina will need more than 21,000 additional nurse aides and other paraprofessionals to meet the long term care needs of its older adults over the next 5 years. (S)

Since 1990, NC's long-term care spending for older adults has increased from approximately \$486 million to \$1.38 billion in SFY 2000 (185%). (L)

Over 40% of NC residents in nursing homes were reported to be in persistent pain in 1999. This earned North Carolina a grade of "C", according to Means to a Better End: A Report on Dying in America Today. (N)

Family Issues

North Carolina ranks 11th in the number of multi-generational households in the nation, with 101,544 multi-generational households out of a total of 3,132,013 households in the state. (T)

Half of grandparents in NC with one or more grandchildren under in their household reported themselves as having primary responsibility for their grandchildren's care. (E)

Over one third of NC grandparents primarily responsible for grandchildren have been so for over 5 years, and nearly 21% live below the poverty line. (M)

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last updated April 2004

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This page was last modified on: Thursday, 01-Apr-2004 06:12:50 EST

	1996 Population Estimates			2020 Population Projections			Increase 1996-2020	
County	All Ages	Number 65+	% 65+	All Ages	Number 65+	% 65+	All Ages	% 65+
Guilford	377,722	48,035	12.7%	454,088	80,940	17.80%	20.2%	68.5%
Halifax	56,523	8,393	14.8%	60,346	11,284	18.70%	6.8%	34.4%
Harnett	79,488	9,539	12.0%	110,192	17,342	15.70%	38.6%	81.8%
Haywood	50,639	10,179	20.1%	54,033	16,032	29.70%	6.7%	57.5%
Henderson	77,558	17,651	22.8%	98,630	30,080	30.50%	27.2%	70.4%
Hertford	22,214	3,395	15.3%	21,017	4,169	19.80%	-5.4%	22.8%
Hoke	28,144	2,707	9.6%	42,993	5,905	13.70%	52.8%	118.1%
Hyde	5,191	853	16.4%	4,308	1,060	24.60%	-17.0%	24.3%
Iredell	106,233	14,517	13.7%	141,403	26,086	18.40%	33.1%	79.7%
Jackson	29,238	4,336	14.8%	32,822	7,975	24.30%	12.3%	83.9%

Jump to your county: [A](#) [B](#) [C](#) [D](#) [E](#) [F](#) [G](#) [H](#) [I](#) [J](#) [K](#) [L](#) [M](#) [N](#) [O](#) [P](#) [R](#) [S](#) [T](#) [U](#) [V](#) [W](#) [Y](#) [All Top](#)

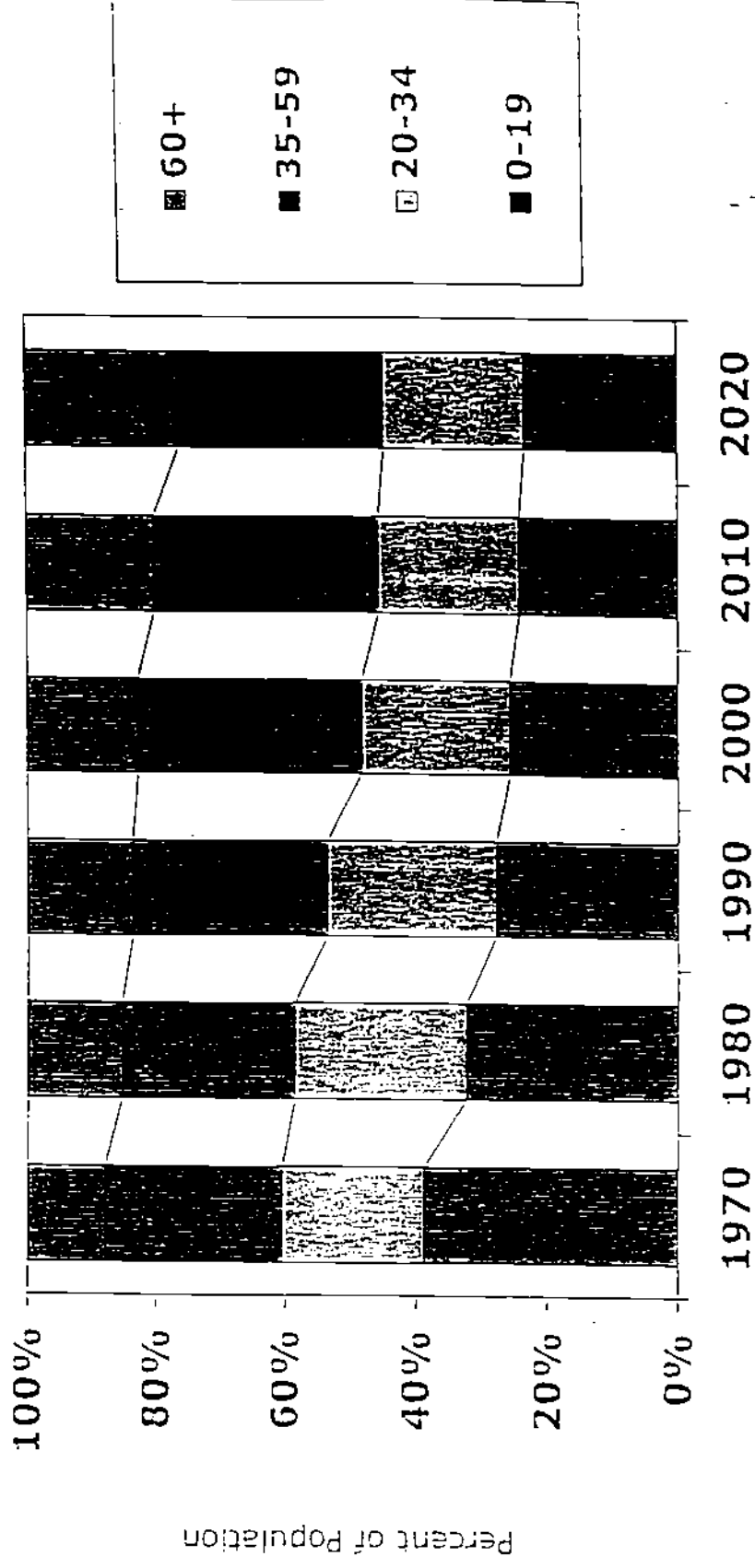
	1996 Population Estimates			2020 Population Projections			Increase 1996-2020	
County	All Ages	Number 65+	% 65+	All Ages	Number 65+	% 65+	All Ages	% 65+
Johnston	99,215	12,401	12.5%	147,349	24,578	16.50%	48.5%	96.6%
Jones	9,322	1,398	15.0%	9,266	1,952	21.10%	-0.6%	39.6%
Lee	47,402	6,721	14.2%	61,760	12,014	19.50%	30.3%	78.8%
Lenoir	59,262	8,734	14.7%	58,394	12,285	21.00%	-1.5%	40.7%
Lincoln	56,808	6,945	12.2%	76,990	13,520	17.60%	35.5%	94.7%
Macon	27,050	6,325	23.4%	34,259	10,895	31.8%	26.7%	72.3%
Madison	18,194	3,137	17.2%	19,393	4,915	25.3%	6.6%	56.7%
Martin	25,762	3,895	15.1%	25,306	5,590	22.1%	-1.8%	43.5%
McDowell	38,317	5,946	15.5%	39,391	9,080	23.1%	2.8%	52.7%
Mecklenburg	593,514	56,545	9.5%	878,995	114,409	13.00%	48.1%	102.3%

Jump to your county: [A](#) [B](#) [C](#) [D](#) [E](#) [F](#) [G](#) [H](#) [I](#) [J](#) [K](#) [L](#) [M](#) [N](#) [O](#) [P](#) [R](#) [S](#) [T](#) [U](#) [V](#) [W](#) [Y](#) [All Top](#)

	1996 Population Estimates			2020 Population Projections			Increase 1996-2020	
County	All Ages	Number 65+	% 65+	All Ages	Number 65+	% 65+	All Ages	% 65+

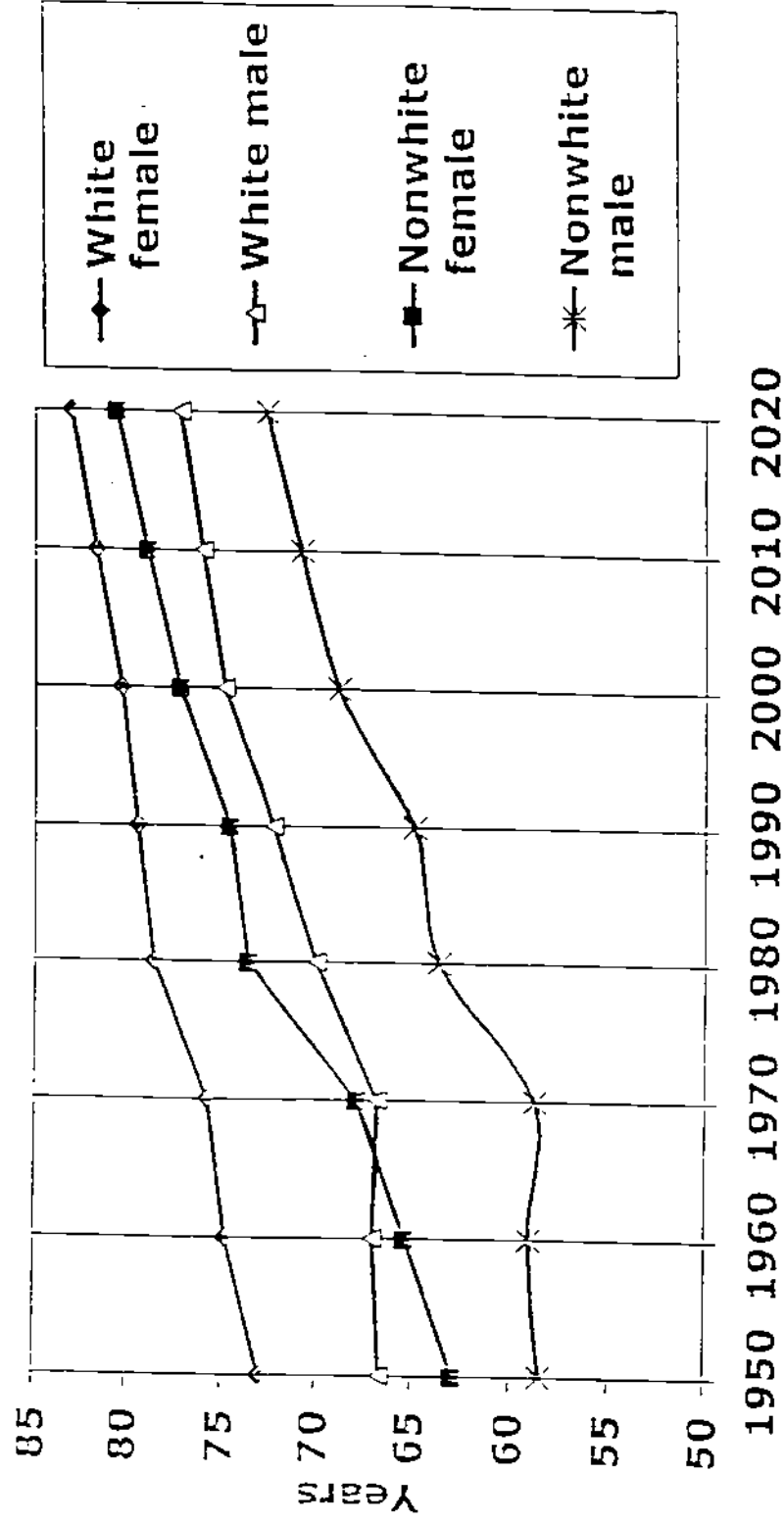
Population Shift in North Carolina

Percent of Population by Age Groups



Source of data: US Census Bureau Projections & NC State Demographics Unit
 Prepared by the UNC Institute on Aging; Last updated: 2000

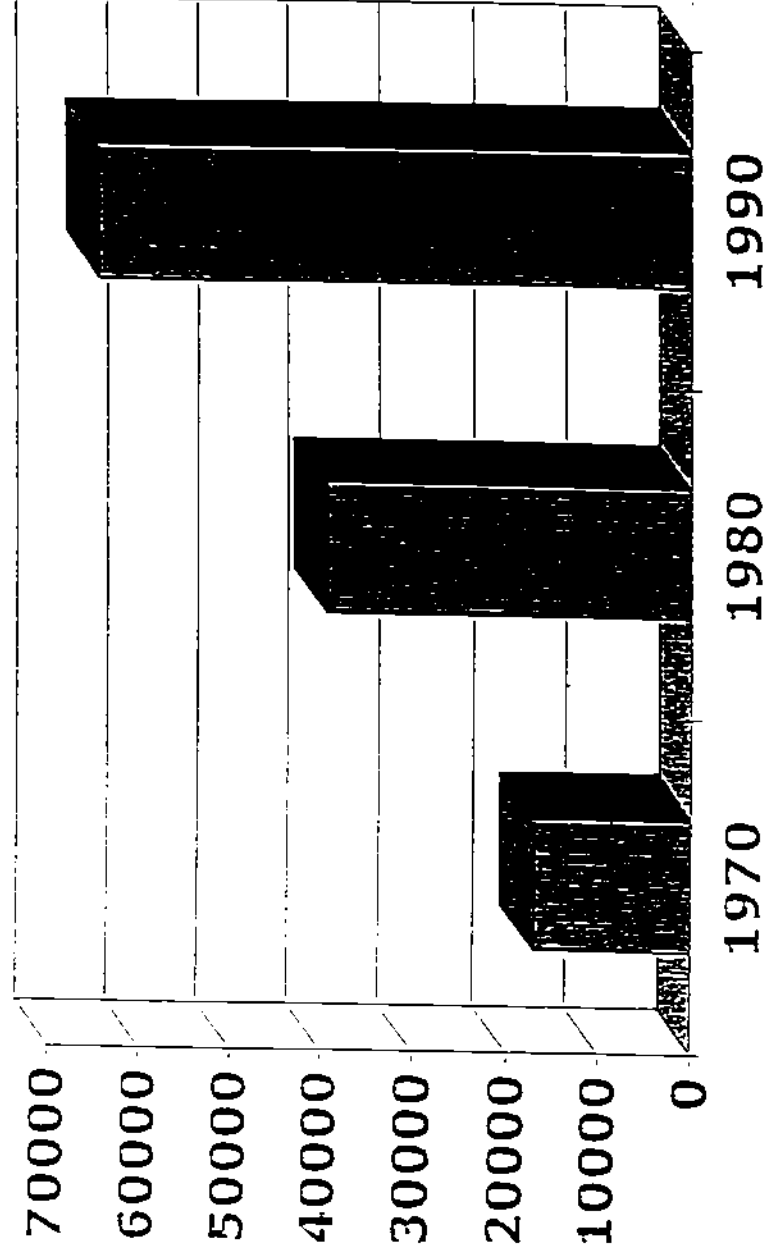
Life Expectancies in North Carolina (at birth)



Source of data: NC State Demographics Unit, May 10, 2001 update
 Prepared by the UNC Institute on Aging; Last updated: October 2001

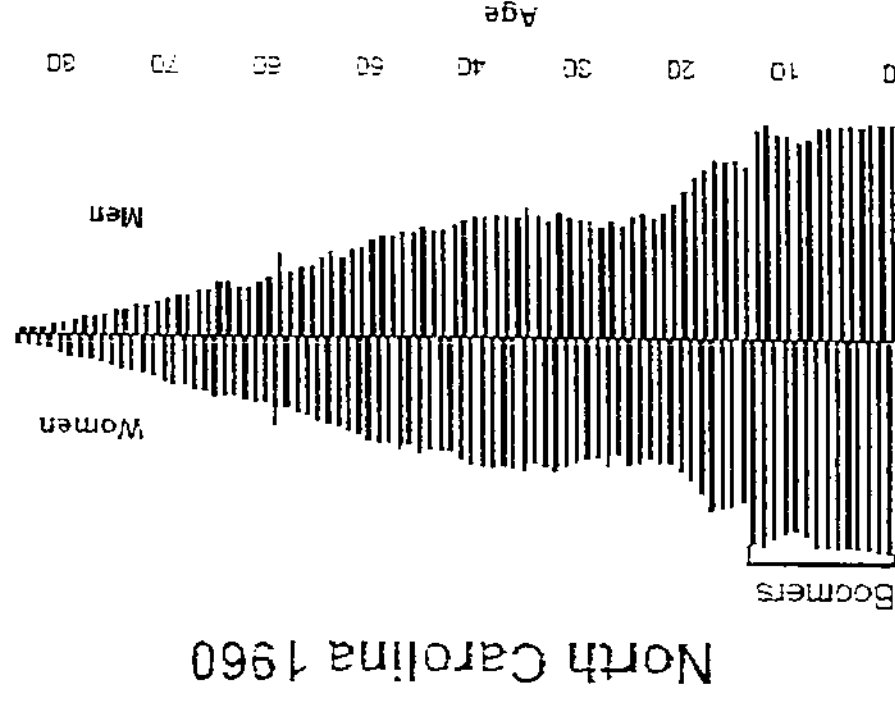
Older Adults Migrate to NC

Number of adults age 60+ who lived in a different state 5 yrs earlier



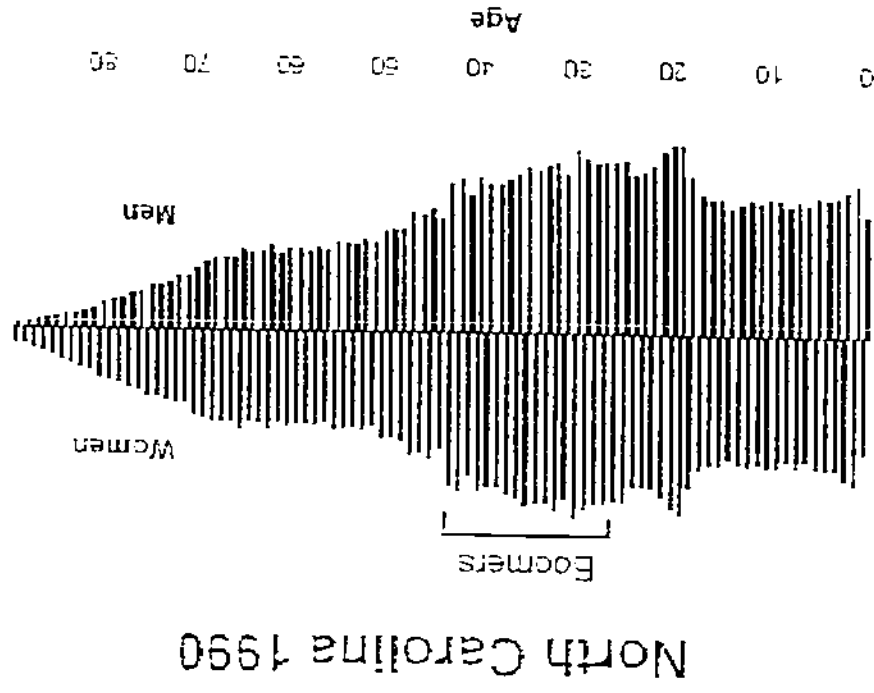
Source of data: Charles Longino personal communication; based on decennial Census data
Prepared by the UNC Institute on Aging; Last updated: September 2001

North Carolina Population Pyramid (1960)



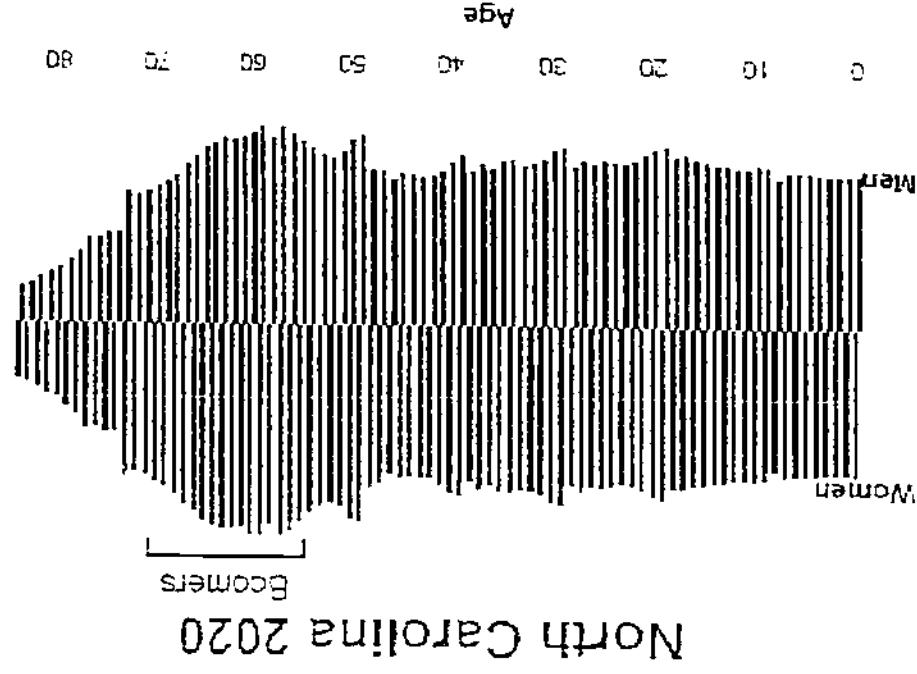
Source of chart: UNC Chapel Hill, School of Social Work, CARES & NC Division of Aging
Prepared by the UNC Institute on Aging; Last updated: 2000

North Carolina Population Pyramid (1990)



Source of chart: UNC Chapel Hill, School of Social Work, CARES & NC Division of Aging
Prepared by the UNC Institute on Aging; Last updated: 2000

North Carolina Population Pyramid (2020 projection)



Source of chart: UNC Chapel Hill, School of Social Work, CARES & NC Division of Aging
Prepared by the UNC Institute on Aging; Last updated: 2000

All Bayada Nurses have a common mission

Bayada Nurses have a special purpose -- to help people have a safe home life with comfort, independence and dignity, despite illness or disability.

Many families are preferring to cope with illness or disability in their own homes. They like the privacy, the freedom, the familiar surroundings. Family and friends are closer.

Families many times need help and support in caring for someone at home. They need skilled, caring and reliable home health care. These are the Bayada Nurses already--to be skilled, caring and reliable.

Bayada Nurses help with skilled nursing, personal care, therapy, meals, laundry, housework, and companionship. They help 24 hours a day, 7 days a week on any schedule.

Bayada Nurses' goals are to give the finest home care service available to families in need, to be recognized and respected for the important work they do, and to help more and more and more people who need care in their homes.



With more than 75 offices nationwide, we can help identify the one most convenient to you.

Just call us at

1-888-4-BAYADA (1-888-422-9232)

or visit us at www.bayada.com

**BAYADA
NURSES**
Since 1965

(in many locations) and other governmental programs. Of course, we will contact your insurance carrier to determine the maximum level of your home health coverage, and then bill that company directly.

Please call our Monroeville, New Jersey headquarters at 856-231-1000, or toll-free at 1-800-305-3000, for central intake. TTY (hearing impaired) users, call 1-800-452-7899. You may find us on the internet at <http://www.bayada.com> or e-mail us at info@bayada.com

What others say

A client: "My physical therapist and Healties the nurse are so wonderful. They made a sick woman almost forget her illness. Thank you for hiring the best of people."

A professional: "Many of the nurses have been quite complicated and you have always 'pulled through.' We know we can count on you and Bayada Nurses and that makes all the difference in the world."

An employee: "It is that we all work together that all of these like myself to do such a great job. Working as a team is what makes Bayada Nurses stand out from other agencies."

**BAYADA
NURSES**
Since 1965

Headquarters

290 Chester Avenue

Monroeville, New Jersey 08057

Information: 856-231-1000

Referral Hotline: 1-800-305-3000

TTY: 1-800-452-7899

Internet: <http://www.bayada.com>

E-mail: info@bayada.com

BAYADA

IN NEW JERSEY

Skilled...

Caring...

Reliable



A warm welcome

We call our nurses *Heroes on the Home Front*, because they provide skilled, caring, and reliable service every day, bringing today's high technology health care right into your home. Their mission is to provide comprehensive, cost-effective care while promoting optimal wellness, independence, comfort and dignity throughout your family. Give us a call and, together, we'll arrange for one of our professionals to become a hero on your home front.

J. Mark Baidala
J. Mark Baidala
Founder and President

Our home care services

Registered Nurses (RNs) establish the care plan according to physician's orders, provide treatments, educate clients and their families, administer medications, perform reassessments and report client status to the physician.

Licensed Practical Nurses (LPNs) follow the same care plan, providing many skilled treatments under supervision of an RN, to whom they report changes in client status.

Home Health Aides facilitate the many activities of daily living, under RN supervision. This includes bathing, dressing, ambulation and simple physical exercises.

Homemakers/Companions assist with multiple tasks around the home so that both client and family caretaker alike can concentrate on health and welfare issues. Light housekeeping, laundry, shopping and nutritional preparation are examples.

Physical, Speech and Occupational Therapists (PTs, STs, OTs) who are licensed by the state to help clients regain independence and quality of life.

Social workers (MSWs) counsel clients and connect them with the community services they most need.

Further, Bayada Nurses:

- **Pediatric Home Care Program** fulfills the special needs of technology-dependent and at-risk children through age 18, also providing family-centered care in general pediatrics, rehabilitation and well-baby care.
- **Rehabilitation Services Program** blends the skills of rehabilitation nurses, therapists and aides to help disabled clients regain maximum functioning and independence at home.
- **Geriatrics Service** addresses both chronic and episodic challenges to the daily health and welfare of our more elderly clients, providing them personal care and supportive services for independent living.
- **Contract Services** provide a full range of home care services.
- **Special Programs** include those for ventilator care and care of the terminally ill.

We've set high standards

Our people make the difference: Bayada Nurses numbers more than 6,000 skilled, caring and reliable caregivers, plus essential support personnel, nationwide. We check credentials and references, bonding and insuring all caregivers.

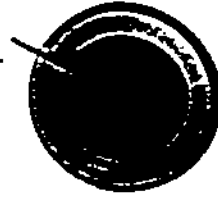
Our trademark reliability is but one part of the reason that many Bayada Nurses offices are accredited by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO). We value some 35 other

professional affiliations as well.

A new Bayada Nurse receives a general orientation upon hire, and a specific orientation for each new case assignment. Then in-service training and continuing education programs are ongoing.

Home care facts for families—summary

- A**s guests in your home, we wish to never intrude or invade your privacy in any way, and to always observe your "house rules." It may be reassuring for you and your family to keep these facts in mind:
- Each Bayada Nurses client has both a Staff Supervisor and a Nursing Supervisor.
 - The red folder/hinder we leave in your home contains the care plan that guides our nurses in providing services.
 - We are legally mandated to follow physicians' orders on all skilled cases, providing no unwarranted skilled procedure.
 - We must coordinate our services and gain authorization from your payer/insurance company.
 - If you need to teach us after hours, just call your Bayada Nurses office number and our On-Call Supervisor will return your call.
 - For successful home care, always share your concerns, suggestions or complaints with us.



Arranging and paying for service

Bayada Nurses are on call always—24 hours a day, 7 days a week—with flexible scheduling. We accept referrals directly from families, physicians, nurses, case managers, social workers and therapists. At Bayada Nurses we provide services without regard to race, sex, age, religion, handicap or national origin. We accept reimbursement from private health insurance, auto insurance, HMOs, Medicare and Medicaid.

BAYADA NURSES

Skilled...

Caring...

Reliable

**BAYADA**
NURSES
Home Care Specialists

All Bayada Nurses have a common mission

Bayada Nurses have a special purpose—to help people have a safe home life with comfort, independence and dignity, despite illness or disability. More families are preferring to cope with illness or disability in their own homes. They like the privacy, the freedom, the familiar surroundings. Family and friends are closer.

Families many times need help and support in caring for someone at home. They need skilled, caring and reliable home health care. These are the Bayada Nurses ideals—to be skilled, caring and reliable.

Bayada Nurses help with skilled nursing, personal care, therapy, meals, laundry, homemaking, and companionship. They help 24 hours a day, 7 days a week on any schedule.

Bayada Nurses' goals are to give the finest home care service available to families in need, to be recognized and respected for the important work they do, and to help more and more and more people who need care in their home.





Welcome to Home Care by Bayada Nurses, Heroes on the Home Front

In these pages, you'll become familiar with the capabilities of our nurses, and learn how to access the broad range of in-home services they provide. We call our nurses *Heroes on the Home Front*, because they provide skilled, caring, and reliable service every day, and because they are the type of individuals we recruit and honor. Most important, you'll see how we can bring today's high technology health care right into your home so that your family can have an ill, injured or medically fragile loved one in its midst, with total confidence.

Our "heroes" are skilled, caring, and reliable nurses to whom you can entrust your loved one's care, and, to a remarkable extent, the general well-being of your entire family. They take responsibility, assume accountability, and act professionally. Their mission is to provide comprehensive, cost-effective care within a safe, supportive home environment, while promoting optimal wellness, independence, comfort and dignity throughout your family. Naturally, every one of them has hands-on nursing experience.

Given that nothing is more important than both your and your loved one's health and welfare, please know that we are ready to help in the fullest sense. Give us a call and, together, we'll arrange for one of our professionals to be a hero on your home front.

J. Mark Baiada

J. Mark Baiada
Founder and President

BAYADA
NURSES
Home Care Specialists

STRESS-Reducing...Release

Our home care services—general overview

Each Bayada Nurses client has a Staff Supervisor who schedules staff and coordinates services, plus a Nursing Supervisor who makes home visits to assess, plan and supervise clinical care. Every Bayada Nurses office has experienced On-Call Supervisors ready to respond to calls around the clock. Depending on location, the following services are available 24 hours a day, seven days a week, on a personalized schedule basis:

Registered Nurses (RNs) establish the care plan according to physician's orders, provide treatments, educate clients and their families, administer medications, perform reassessments and report client status to the physician.

Licensed Practical Nurses (LPNs) follow the same care plan, providing many skilled treatments under supervision of an RN, to whom they report changes in client status.

Home Health Aides facilitate the many activities of daily living, under RN supervision. This includes bathing, dressing, ambulation and simple physical exercises.

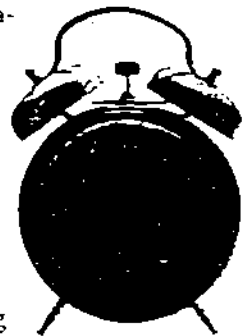
Homemakers/Companions assist with multiple tasks around the home so that both client and family caretaker alike can concentrate on health and welfare issues. Light housekeeping, laundry, shopping and nutritious meal preparation are examples.

Physical, Speech and Occupational Therapists (PTs, STs, OTs), where available, help clients regain maximum daily activity functioning.

Social Workers (MSWs) counsel clients and connect them with the community services they most need.

Further, Bayada Nurses focuses on certain areas of expertise and excellence:

- Our Pediatric Home Care Program fulfills the special needs of technology-dependent and at-risk children through age 18, also providing family-centered care in general pediatrics, rehabilitation and well-baby care.
- Our Rehabilitation Services Program blends the skills of rehabilitation nurses, therapists and aides to help disabled Bayada Nurses clients of all ages regain maximum functioning and independence at home.
- Our Geriatrics Service addresses both chronic and episodic challenges to the daily health and welfare of our more elderly clients, providing them personal care and supportive services for independent living.
- Our Contract Services provide prompt turn-around of referrals with appropriate coordination of communications, and a full range of home care services.
- Our Special Programs provide services for Ventilator Care and Hospice Care.



We've set high standards

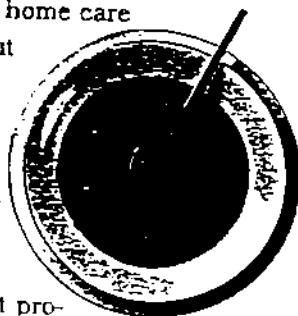
After thousands of clients and many kind letters from them, we know one thing emphatically: It is our people that make the difference. We firmly believe that *Not everyone can be a Bayada Nurse*. Indeed, only the best-qualified can.

Bayada Nurses numbers more than 5,000 skilled, caring and reliable caregivers, plus essential support personnel, nationwide (see Office List). Since they come into the sanctity of your home to care for you, we observe unusually strict hiring qualifications. We check credentials and references, bond and

insure all caregivers, and even conduct standard criminal checks on those providing support/homemaker care.

In terms of reliability, statistics from our ongoing internal audits reflect that we are unsurpassed in delivering all home care services requested. This is but one part of the reason that many Bayada Nurses offices are accredited by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) for their consistent adherence to that body's strict professional standards.

A new Bayada Nurse receives a general orientation upon hire, and a specific orientation for each new case assignment. Then in-service training and continuing education programs are ongoing.



Home care facts for families — summary

We realize that the home care process can, and often does, feel intrusive. It takes a while for the Bayada Nurses to "fit" properly in your home, and for you to feel comfortable with them. The more hours of service we provide, the longer this probably will take. As guests in your home, we wish to never intrude or invade your privacy in any way, and to always observe your "house rules."

It may be reassuring for you and your family to keep these facts in mind:

• The red folder/binder we leave in your

home contains your care plan (with updates) and all information necessary to guide our nurses in providing services.

- We are legally mandated to follow physicians' orders on all skilled cases, and can provide no unordered skilled procedure, such as medicine administration.
- We must coordinate our services with your payer/insurance company, who authorizes both level of care and number of hours of care they will reimburse.
- To access Bayada Nurses' 24-hour telephone coverage after hours, just call your Bayada Nurses office number and our On-Call Supervisor will contact you shortly.
- Always voice your concerns, suggestions or complaints: honest two-way communication is key to successful home care.



We're dedicated to clinical excellence

The continuing challenge of providing the finest quality home care and client service possible is what drives Bayada Nurses.

In addition to our association with JCAHO, we also value these professional affiliations (partial list):

ALS Association of Florida

American Public Health Association

Arizona Association for Home Care

Associated Home Health Industries of Florida

Association for Home & Hospice Care of NC

Association for Professionals in Infection Control and Epidemiology

Association of Rehabilitation Nurses

Case Management Society of America

Center for Home Health Development - New Jersey

Children's Coordinating Council of Delaware

Colorado Association of Home Health Agencies

Commission on Accreditation of Home Care

Cystic Fibrosis Foundation

Delaware Association for Home and Community Care

Discharge Planning Nurses of New Jersey, Inc.

Florida State Association of Rehab Nurses

Home Health Assembly of New Jersey

Home Health Care Association of Massachusetts

Home Health Services & Staffing Association of New Jersey

Hyannis Chamber of Commerce

Intravenous Nurses Society

Managed Care Network

Massachusetts Council for Home Care Aide Services, Inc.

National Association for Home Care

National Association of Rehab Professionals in the Private Sector

National League for Nursing

National Spinal Cord Injury Association

New Jersey Association for Continuity of Care

Pennsylvania Association of Home Health Agencies

Professional Resource Network

Rehab Insurance Nurses Group

United States Chamber of Commerce

Utah Association for Home Care

Arranging and paying for service

Bayada Nurses are on call always—24 hours a day, 7 days a week—with flexible scheduling that suits a busy family's needs. We accept referrals directly from families, physicians, nurses, case managers, social workers and therapists.

At Bayada Nurses we provide services without regard to race, sex, age, religion, handicap or national origin. We accept reimbursement from private health insurance, auto insurance, HMOs, Medicaid (in many locations) and other governmental programs.

Of course, we will contact your insurance carrier to determine the maximum level of your home health coverage, and then bill that company directly.

Please call our Moorestown, New Jersey headquarters at 856-231-1000, or toll-free at 1-800-305-3000, for central intake. TTY (hearing impaired) users, call 1-800-852-7899. You may find us on the internet at <http://www.bayada.com> or e-mail us at info@bayada.com



Comments from clients/families

"My physical therapist and Heather the nurse are so wonderful. They made a sick woman almost forget her illness. Thank you for hiring the best of people."

"Her aide was not only professional and extremely knowledgeable in her skills but went the extra mile. Angie has had four health care companies and many aides in the past year caring for her. Bayada excelled above all others in every way."

Comments from professionals

"Many of the cases have been quite complicated and you have always 'pulled through.' We know we can count on you and Bayada Nurses and that makes all the difference in the world."

"Stacey and other staff focus on the problem, then postulate solutions and proceed to implement the best ones. I can honestly say that my roles as nurse and case manager are much easier since Stacey began assigning our aide services."

Comments from employees

"It is that we all work together that allows those like myself to do such a good job. Working as a team is what makes Bayada Nurses stand out from other agencies. Not just my commitment but the commitment of us all..."

"I'll be hanging up my uniform again soon and I just want you to know you have a very good organization. Even the patients have commended Bayada Nurses to me."

BAYADA[®]
NURSES
Home Care Specialists



Headquarters

290 Chester Avenue

Moorestown, New Jersey 08057

Information: 856-231-1000

Central Intake: 1-800-305-3000

TTY: 1-800-852-7899

Internet: <http://www.havada.com>

E-mail: info@havada.com

GREENSBORO PA
7-30-04

JUL 30
Received
DFS Health
Planning

7/30/04- Public Hearing in Greensboro, NC
RE: Proposed 2005 State Medical Facilities Plan
IN FAVOR OF New CON for Home Health in Mecklenburg County
Presented by: Bayada Nurses

Bayada Nurses Division Director, Tom Mylet, participated in the 2004 Home Health Task Force. The methodology was studied and reviewed in light of the changes in the past years in Medicare, including the decrease in the number of visits due to PPS. Home Health Agencies reported seeing more patients, with fewer visits. The previous methodology sought an unmet need of 250 patients to justify a need determination.

This year, the Task Force voted to change the methodology and thus, an unmet need of 400 patients is needed to generate a need determination. The increase in the required unmet need for a CON determination represents a 60 percent change from last year. This year, the unmet need is 440 for Mecklenburg County, according to Floyd Cogley, from Medical Facilities Planning section at DFS.

There has not been an award of a new CON in NC in the last eight years. Current Home Health Agencies have been successful in limiting the growth of Home Health Agencies since 1996. In fact, the new methodology was proposed by a current Home Health Agency and agreed upon by the Home Health Task Force, with no opposition from current certified agencies.

Therefore, we would like to recommend that the Need determination for a new Medicare Certified agency in Mecklenburg County NOT be removed from the current proposed 2005 State Medical Facilities plan.

This new CON would allow for:

- A new Home Health Agency to meet the unmet needs of 440 patients in Mecklenburg County.
- More choice for current consumers needing home health services.
- Increased quality of care.
- Healthy competition that leads to more innovation and quality in home health care services.
- Meeting the demands of an ever-increasing elderly population in Mecklenburg County, as presented to the distinguished panel in Charlotte, NC.
- An opportunity for an agency, such as Bayada Nurses, one of the largest providers of home care in Mecklenburg County, to provide continuity of care for our clients. The awarded agency would be able to provide their clients with continuous service without having to refer out visits for current clients. Currently, our elderly clients complain and are confused when multiple agencies must be brought in to meet their home care needs.
- More choices for Discharge Planners who are trying to refer home health patients on a Friday afternoon, with little luck. Bayada Nurses currently receives several

calls a week, many on Friday afternoons, from discharge planners who are having difficulty finding an agency to take a request.

With NC being one of the fastest growing states for people ages 65 and older in the Southeast, it's amazing we've gone 8 years with no new CON to speak of. It's important that we prepare for the future and allow another agency to accept Medicare referrals in Mecklenburg County. The growing elderly population is counting on us.

Thank you for your support.



Corporate Office
4530 Park Road, Suite 430
Charlotte, NC 28209
(704) 559-8128
Fax (704) 559-8132

July 31, 2004

North Carolina State Health Coordinating Council
c/o Medical Facilities Planning Section
Division of Facilities Services
2714 Mail Service Center
Raleigh, NC 27699-2714

AUG 2004
Received
DFS Health
Planning

Dear Council Members:

We appreciate the opportunity to comment on the provisions in the proposed 2005 State Medical Facilities Plan. Total Care of North Carolina operates ten Medicare-certified home health agencies in North Carolina, one located in and serving Mecklenburg County. Total Care supports the home health need methodology and the determination in the proposed 2005 State Medical Facilities Plan that Mecklenburg County need an additional Medicare-certified home health agency.

On September 24, 2003, the State Health Coordinating Council authorized the formation of a Home Health Methodology Task Force to make recommendations for the 2005 State Medical Facilities Plan. The twelve-member Task Force presented three recommendations to the Long-Term Behavioral Health Committee, which were accepted by the committee and subsequently approved by the Council. One recommendation relating to the methodology for a need determination has been revised to raise the deficit threshold from 250 patients to 400 patients. The Task Force, Committee & Council agreed to re-evaluate the deficit threshold for the 2007 State Medical Facilities Plan.

The proposed 2005 Plan only shows unmet need if there are at least 400 patients determined to be unserved. Mecklenburg County shows that there will be 440 patients unserved, well above the 400 minimum, even after the methodology takes into account the declining use rates in certain age groups.

HOME HEALTH SERVICES

Nursing
Physical Therapy
Certified Nursing Assistants
Medical Social Work
Speech Therapy
Occupational Therapy
Nutritional Therapy
Durable Medical Equipment
Counselor Therapy

North Carolina State Health Coordinating Council
July 31, 2004
Page 2

In summary, Total Care supports the new Home Health Methodology and need projections for home health contained in the proposed 2005 State Medical Facilities Plan. We appreciate the opportunity to be able to comment on these matters.

Sincerely,

A handwritten signature in dark ink, appearing to read "Jeff S. Shantz", followed by a long horizontal line extending to the right.

Jeff S. Shantz
Vice President of Operations
Total Care of North Carolina

Rec'd ASHEVILLE
PH - July 22, 2



Joint Commission
on Accreditation of Healthcare Organizations

COMPASSIONATE HOME CARE, INC.

P.O. Box 6006

Hendersonville, NC 28793

www.compassionatehc.com

e-mail: shs@compassionatehc.com

Phone 828-696-0946/877-5906

Fax 828-698-0308

"Tailoring Quality Care to YOUR Needs"

I started this business six years ago in a spare room in my house. Because of the increase in clients, I added several caregivers to my staff. A year later, one of my client's suggested I change the name of the agency to what it is today, Compassionate Home Care, Inc. The name is what we are about. Compassionate caregivers, working to keep the client in his or her own home, giving the best care possible. *medicaid / long term care*

At that time, we also expanded our license to include skilled nursing and nursing pool. *PHYSICAL THERAPY, IN-HOME CARE*

In the year 2000, the office on Brookside Camp Road was opened and by 2001, we were in three counties. In 2002 we were in four counties and got our fourth license for Physical Therapy. When Compassionate Home Care, Inc. became accredited by the Joint Commission of Healthcare Organizations in June of 2002, we received a high rating for a first time applicant. By November of that year, the second office was opened in Brevard. *ONLY - Reimbursement*

The year 2003 started off with being Medicaid approved in both this office and in Brevard. Now, in 2004, we have 37 employees, servicing 19 clients in Hendersonville and Brevard. The quality and caring of our employees is what makes our agency the best in the area.

Compassionate Home Care believes we have a niche in home care for the following reasons. Our employees go out on their own time to meet the client and then stay with the client throughout the assignment. We feels this adds to a very important aspect in home care, which is continuity of care. Last of all, we go on the client's schedule to personalize or tailor our services to their needs.

A CON will enable our agency to serve those in the community that are unable to pay privately and thereby enhance their quality of life.

Stephanie Hanel-Seitz, Director

Inquire past 5 yrs. 2079.00 only services 4/5%

Asheville Public Hearing
July 22, 2004

Stephanie Hanel-Seitz, Compassionate Home Care, Inc.

Written comments attached, supplemented by following.

I'm Stephanie Hanel-Seitz, Compassionate Home Care. I started out of my spare room about six years ago as a private personnel service agency. Within a year I had applied for and received my license for in-home care through the Department of Facility Services. In that same year I also applied for skilled nursing and nursing pool. We moved into our own office the following year and about the same time we were licensed for physical therapy. We also became JCAHO accredited within the last year. I have presently two offices, one in Brevard and one in Hendersonville. We are expanding by leaps and bounds. We received probably just under 3000 inquiries in the last five years that I've been working out of my office and unfortunately we have only been able to provide services for probably 3-4 % of that, the reason being is because we did not have our Certificate of Need. Presently the only thing we are able to do funding for is Medicaid. We have received funding from Land of Sky for the last 2 years and also Elkins Association and also different long term care insurance's that pick us up. We have a niche in home care, the reason being is I use to work for the home care agency in Henderson County. And what I did was I changed the concerns that I heard over and over. What they were was continuity of care. They never knew when the people were coming. They never knew who was coming and they were not on their schedule. So we have changed for our agency and what we have is our employees going out on their own time to meet their new clients and keep the same caregiver from start to finish whether that be in-home aide, C.N.A., L.P.N. or R.N. We also go on the client's schedule. In others words, we ask them when they would like us. We tailor each plan of care for the client's needs, because everybody has individual concerns and needs. It's basically our people we have grown with, because our caregivers, whether they be skilled or unskilled, they are all a cut above the average because we are so selective about who we put out there. We had little or no turn over and the reason being is because we have worked with our caregivers and we realize that their family comes first. If they have to go on vacation or if there is an emergency in the family we all worked with them. So we have little or no turn over in our agency. The biggest concern right now with us is that we are growing leaps and bounds and we do not have benefits for our employees which I believe a Certificate of Need would probably help us become larger and possibly be able to provide the health care. Thank you so very much for your time.